

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Paul A Manner, , MD Mailing Address Dept of Orthopaedics Ste 5-422 2150 Pennsylvannia Ave NW City Washington State DC Zip Code 20037-3201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746929 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Dennis R McGee, , MD Mailing Address 600 E Robbins Rd Ste 401 City Boise State ID Zip Code 83702-4566 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746931 Amount of Each Receipt this Period 1000.00
Name of Employer Inter Mountain Orthopaedi- cs Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. David P Mesna, , MD Mailing Address 3704 Camino Codorniz City Calabasas State CA Zip Code 91302-3043 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746793 Amount of Each Receipt this Period 320.00
Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)**1820.00****TOTAL** This Period (last page this line number only)